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Good Afternoon,

My name is Phyllis Gordon and I have the privilege of being the Association Manager for the Connecticut division of the American Association for Marriage and Family Therapy.

On January 30<sup>th</sup>, the Hartford Courant published an article titled, Army Suicides in 2008 Hit Highest Level Ever Recorded. I have included this article in its totality with my testimony, but for now, I quote from it, "Army officials said they believe relationship problems continue to be the leading trigger of suicides, but acknowledged that the strain of war plays a significant role." The article goes on to say that the army is pursuing a multifaceted approach to understanding and preventing suicide, from improving soldiers' mental resilience to **enhancing family therapy**.

Last week, in my capacity as the Association's Manager, I was contacted by the Director of Public Health for the Connecticut National Guard, Kathleen Saucier. This is a brand new position instituted by the United States Department of Defense. It is a position that is now in every state in the country. Kathleen, as Director, is charged with, among other things, providing cost-effective health care services to the members of the CT National Guard and their families.

Kathleen contacted CTAMFT, as she is hoping to work in partnership with us and our members, as the U.S. Department of Defense recognizes marriage and family therapists as one of the core mental health providers who can efficiently and cost effectively, treat our military personnel.

I have also included, in my testimony, a paper which includes a study done by the Office of Personnel Management, at the request of the U.S. Congress. The study, requested in 1986, was conducted on the effects of expanding freedom-of-choice for non-medical health providers within the Federal Employees Health Benefits Program

Among other findings, the OPM study affirmed the vast and widely accepted empirical literature in health policy and economics that suggests that a 'cost-offset' phenomenon exists for appropriate mental health coverage.

Given the body of evidence in support of the cost effectiveness of MFTs, as well as the fact that family therapy and its interventions are increasingly being sought after by our US military and so many others, won't we just look foolish, and in fact, be foolish, to eliminate MFTs as mandated providers from insurance premiums?

Thank you for your time and consideration.

Phyllis Gordon, LMFT  
CTAMFT Association Manager

Reprinted from The Hartford Courant January 30, 2009

Army asks why

## Army Suicides In 2008 Hit Highest Level Ever Recorded

By MATTHEW KAUFFMAN | The Hartford Courant  
*January 30, 2009*


At least 128 active-duty soldiers killed themselves last year — the highest number ever recorded — leading Pentagon officials to declare an Armywide "stand down" to address the problem soldier by soldier.

Despite repeated efforts to reduce the numbers, suicides in the largest branch of the military have doubled in the last four years, and frustrated Army officials said Thursday they would try harder to unlock the secret of why so many soldiers are taking their lives.

"Why do the numbers keep going up? We cannot tell you," Pete Geren, secretary of the Army, said at a Pentagon press conference. "But we can tell you that across the Army, we are committed to doing everything we can to address the problem."

The first efforts will take place from mid-February to mid-March, when commanders throughout the Army conduct a two- to four-hour "stand down" at which every soldier will be trained to recognize a troubled colleague and effectively intervene.

### Related links

-  Army suicides **Graphic**
- **2006 Courant Investigation**

Army officials said they would also continue efforts to reduce the stigma associated with seeking mental health care, and would work to ease the transition for soldiers returning from war zones. Col. Elspeth Ritchie, the Army's top psychiatrist, also made an explicit plea for mental health workers to join the military. The Army has tried for more than a year to hire 300 new psychiatrists and psychologists and is still looking to fill about 50 positions.

"Anybody out there who's interested: We are hiring and we need your help," Ritchie said.

In addition to the 128 confirmed suicides, there are 15 deaths from 2008 still under investigation. Army officials say they expect all but one or two to be confirmed as suicides, pushing the number of self-inflicted deaths past 140. That is a 22 percent jump from 2007 — which was also a record year — and the most since the Army began keeping count in 1980.

More than a quarter of the confirmed suicides were by soldiers in Iraq and Afghanistan, where suicide is responsible for about one-third of all nonhostile deaths. Overall, at least 166 soldiers have killed themselves in Iraq, Afghanistan and Kuwait since the wars began.

Army officials said they believe relationship problems continue to be the leading trigger of suicides, but acknowledged that the strain of war plays a significant role.

"There's no doubt in my mind that stress is a factor in this trend we're seeing," said Gen. Peter Chiarelli, the Army's vice chief of staff.

But while Army officials identified various factors associated with suicides, they said it was maddeningly difficult to predict which individual soldiers were at greatest risk. As a result, they said they would pursue a multifaceted approach to understanding and preventing suicide, from improving soldiers' mental resilience to enhancing family therapy. And they pledged to attack suicides with a renewed sense of urgency.

"Every one of us takes every one of these deaths personally," Chiarelli said "We need to move quickly to do everything we can to reverse this very disturbing number of suicides."

The Army expects the suicide rate to amount to about 20 deaths for every 100,000 soldiers — a rate that exceeds the age-adjusted civilian population for the first time in decades.

Until this year, the soldier-suicide rate had been consistently lower than the rate for the civilian population, in part because the Army excludes those with minimal education or more than a minor criminal record, and attempts to screen out recruits who show signs of serious mental problems.

The figures released Thursday do not include suicides by Army veterans. Those deaths are considerably more difficult to count, though government officials estimate there are thousands of suicides each year among the nation's 25 million veterans.